FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M55405** **(8)**

1. Corporation Name
INTERNATIONAL WHITE CROSS CORPORATION

Principal Place of Business	Mailing Address
17306 COLLINS AVE., SUITE 111 SUNNY ISLES FL 33160	17306 COLLINS AVE., SUITE 111 SUNNY ISLES FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/13/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2826562	☐ Applied For ☐ Not Applicable
21 18090 Collins Ave, ~~#104~~	26 18090 Collins Ave. ~~#104~~		
Suite, Apt. #, etc. 22 # 104	Suite, Apt. #, etc. 27 #104	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 ~~FT LAUD~~ SUNNY ISLES	City & State 28 SUNNY ISLES	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33160 Country 25 Dade	Zip 29 33160 Country 30 Dade	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VEIT, ADOLF F. 17306 COLLINS AVE., SUITE #111 SUNNY ISLES FL 33160	81 Name: VEIT, ADOLF F. 82 Street Address (P.O. Box Number is Not Acceptable): 18090 Collins Ave, 83 SUITE # 104 84 City: SUNNY ISLES FL 85 Zip Code: 33160

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 4-27-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	11 TITLE	☒ Change ☐ Addition President, Vice Pres. Secretary
NAME	VEIT, MARC A.	12 NAME	VEIT, ~~MARC A.~~ FRANK, A.
STREET ADDRESS	17306 COLLINS AVE, SUITE #111	13 STREET ADDRESS	18090 Collins Ave. #104
CITY-ST-ZIP	SUNNY ISLES FL 33160	14 CITY-ST-ZIP	SUNNY ISLES, FL 33160
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	CORRECTION
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☒ Change ☐ Addition PVS
NAME		32 NAME	VEIT, FRANK A.
STREET ADDRESS		33 STREET ADDRESS	18090 Collins Ave, Suite 104
CITY-ST-ZIP		34 CITY-ST-ZIP	SUNNY ISLES, FL 33160
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-27-95 (305) 932-1005
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0172481 CP